

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Moniteau
Township Burris Fork
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 214
Primary Registration District No. 5-774 B

File No. 41603
Registered No. 45-

2. FULL NAME Catherine Matheis

(a) Residence, No. Enon, Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 2nd, 1853</u>			
7. AGE YEARS <u>78</u>	MONTHS <u>4</u>	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME John Hoffman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Aurela Traylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana,

17. INFORMANT Aurila Matheis
(ADDRESS) Enon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Enloe Cem. DATE Dec. 25th, 1931

19. UNDERTAKER G. N. Steffens
(ADDRESS) Russellville, Mo.

20. FILED Dec. 29, 1931 Mrs. H. L. Enloe
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23rd, 1931 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23 3 AM, 1931, to Dec 23 8 PM, 1931
I last saw her alive on Dec 23, 1931. Death is said to have occurred on the date stated above, at 8-0 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Dec 23 1931
11A
108
Other contributory causes of importance:
Influenza
about one wk.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. L. Enloe, M. D.
(Address) Russellville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

